

# Ohio EPA - Daily Discharge Monitoring Report - Form 4500

**SUBMISSION ID:** 1025671  
**FACILITY:** H2-Oh-Yeah  
**LOCATION:** 2134 C.R. 224  
 Ashley, OH 43003  
**COUNTY:** Morrow  
**DISTRICT:** CDO

**STATUS:** Original  
**PERMIT NUMBER:** 4MP00028\*AM  
**STATION CODE:** 401  
**MONITORING PERIOD :** 2020-12-01 To: 2020-12-31  
**REPORTING LAB:** Brookside  
**ANALYST:** jeffrey williamson  
**NO DISCHARGE INDICATOR:** AL

PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate- Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Total
2020-12-01							
2020-12-02							
2020-12-03							
2020-12-04							
2020-12-05							
2020-12-06							
2020-12-07							
2020-12-08							
2020-12-09							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13							
2020-12-14							
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20							
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25							
2020-12-26							
2020-12-27							
2020-12-28							
2020-12-29							
2020-12-30							
2020-12-31							
Minimum							
Maximum							
Average							
Count							
<b>Name of Responsible Official or Authorized Representative</b>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			<b>Signature of Responsible Official or Authorized Representative</b>		<b>Submission Date/Time</b>	
Jeffrey Williamson						<b>Certification Version Date</b> 2021-02-18 11:02	

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PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-12-01						
2020-12-02						
2020-12-03						
2020-12-04						
2020-12-05						
2020-12-06						
2020-12-07						
2020-12-08						
2020-12-09						
2020-12-10						
2020-12-11						
2020-12-12						
2020-12-13						
2020-12-14						
2020-12-15						
2020-12-16						
2020-12-17						
2020-12-18						
2020-12-19						
2020-12-20						
2020-12-21						
2020-12-22						
2020-12-23						
2020-12-24						
2020-12-25						
2020-12-26						
2020-12-27						
2020-12-28						
2020-12-29						
2020-12-30						
2020-12-31						
Minimum						
Maximum						
Average						
Count						

<b>Name of Responsible Official or Authorized Representative</b>  <div style="text-align: center; font-size: 1.2em;">Jeffrey Williamson</div>	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.	<b>Signature of Responsible Official or Authorized Representative</b>  <div style="height: 40px;"></div>	<b>Submission Date/Time</b>  <div style="text-align: center;"> <b>Certification Version Date</b>                      2021-02-18 11:02                 </div>
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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	1025671 H2-Oh-Yeah 2134 C.R. 224  Ashley, OH 43003  Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 402  <b>2020-12-01 To: 2020-12-31</b>   <b>AL</b>
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-12-01							
2020-12-02							
2020-12-03							
2020-12-04							
2020-12-05							
2020-12-06							
2020-12-07							
2020-12-08							
2020-12-09							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13							
2020-12-14							
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20							
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25							
2020-12-26							
2020-12-27							
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2020-12-29							
2020-12-30							
2020-12-31							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2021-02-18 11:02	

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PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-12-01						
2020-12-02						
2020-12-03						
2020-12-04						
2020-12-05						
2020-12-06						
2020-12-07						
2020-12-08						
2020-12-09						
2020-12-10						
2020-12-11						
2020-12-12						
2020-12-13						
2020-12-14						
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2020-12-24						
2020-12-25						
2020-12-26						
2020-12-27						
2020-12-28						
2020-12-29						
2020-12-30						
2020-12-31						
Minimum						
Maximum						
Average						
Count						

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	1025671 H2-Oh-Yeah 2134 C.R. 224  Ashley, OH 43003  Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 403  <b>2020-12-01 To: 2020-12-31</b>  <b>AL</b>
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PARAMETER	pH	Nitrogen, Ammonia (NH3)	Nitrite Plus Nitrate, Total	Nitrogen, Inorganic, Total	Phosphorus, Total (P)	E. coli	Application Rate-Wastewater, Spray
PARAMETER CODE	00400	00610	00630	00640	00665	31648	50045
UNITS	S.U.	mg/l	mg/l	mg/l	mg/l	#/100 ml	inches/day
FREQUENCY	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.	When Disch.
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	Grab	Grab
2020-12-01							
2020-12-02							
2020-12-03							
2020-12-04							
2020-12-05							
2020-12-06							
2020-12-07							
2020-12-08							
2020-12-09							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13							
2020-12-14							
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20							
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25							
2020-12-26							
2020-12-27							
2020-12-28							
2020-12-29							
2020-12-30							
2020-12-31							
Minimum							
Maximum							
Average							
Count							
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Jeffrey Williamson						Certification Version Date 2021-02-18 11:02	

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<b>SUBMISSION ID:</b> <b>FACILITY:</b> <b>LOCATION:</b>  <b>COUNTY:</b> <b>DISTRICT:</b>	1025671 H2-Oh-Yeah 2134 C.R. 224 Ashley, OH 43003 Morrow CDO	<b>STATUS:</b> <b>PERMIT NUMBER:</b> <b>STATION CODE:</b> <b>MONITORING PERIOD :</b>  <b>REPORTING LAB:</b> <b>ANALYST:</b> <b>NO DISCHARGE INDICATOR:</b>	Original <b>4MP00028*AM</b> 403 <b>2020-12-01 To: 2020-12-31</b>   AL
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PARAMETER	Flow Rate					
PARAMETER CODE	50050					
UNITS	MGD					
FREQUENCY	When Disch.					
SAMPLING TYPE	24hr Total Estimate					
2020-12-01						
2020-12-02						
2020-12-03						
2020-12-04						
2020-12-05						
2020-12-06						
2020-12-07						
2020-12-08						
2020-12-09						
2020-12-10						
2020-12-11						
2020-12-12						
2020-12-13						
2020-12-14						
2020-12-15						
2020-12-16						
2020-12-17						
2020-12-18						
2020-12-19						
2020-12-20						
2020-12-21						
2020-12-22						
2020-12-23						
2020-12-24						
2020-12-25						
2020-12-26						
2020-12-27						
2020-12-28						
2020-12-29						
2020-12-30						
2020-12-31						
Minimum						
Maximum						
Average						
Count						
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Jeffrey Williamson						Certification Version Date 2021-02-18 11:02

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**SUBMISSION ID:**  
**FACILITY:**  
**LOCATION:**

1025671  
H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**STATUS:**  
**PERMIT NUMBER:**  
**STATION CODE:**  
**MONITORING PERIOD :**

Original  
**4MP00028\*AM**  
602  
**2020-12-01 To: 2020-12-31**

**COUNTY:**  
**DISTRICT:**

Morrow  
CDO

**REPORTING LAB:**  
**ANALYST:**  
**NO DISCHARGE INDICATOR:**

Brookeside  
jeffrey williamson

PARAMETER	Biochemical Oxygen Demand, 5 Day	Total Suspended Solids	Nitrogen, Ammonia (NH3)	Phosphorus, Total (P)	E. coli	Flow Rate	Sludge Solids, Percent Total
PARAMETER CODE	00310	00530	00610	00665	31648	50050	70318
UNITS	mg/l	mg/l	mg/l	mg/l	#/100 ml	MGD	%
FREQUENCY	1/Week	1/Week	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks	1 / 2 Weeks
SAMPLING TYPE	Grab	Grab	Grab	Grab	Grab	24hr Total Estimate	Grab
2020-12-01							
2020-12-02							
2020-12-03							
2020-12-04							
2020-12-05							
2020-12-06							
2020-12-07	.5850	.3350	.0000				
2020-12-08							
2020-12-09							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13							
2020-12-14	.5940	.3050	.0000	19.3800	.1786	.0000	.5560
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20							
2020-12-21	.6300	.2520	.0000				
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25							
2020-12-26							
2020-12-27							
2020-12-28	.5550	.2950	.0000	19.5100	.1786	.0000	.5470
2020-12-29							
2020-12-30							
2020-12-31							
Minimum	0.555	0.252	0.0	19.38	0.1786	0.0	0.547
Maximum	0.63	0.335	0.0	19.51	0.1786	0.0	0.556
Average	0.591	0.29675	0	19.445	0.1786	0	0.5515
Count	4	4	4	2	2	2	2
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-02-18 11:02	

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SUBMISSION ID:	1025671	STATUS:	Original
FACILITY:	H2-Oh-Yeah	PERMIT NUMBER:	4MP00028*AM
LOCATION:	2134 C.R. 224	STATION CODE:	602
	Ashley, OH 43003	MONITORING PERIOD :	2020-12-01 To: 2020-12-31
COUNTY:	Morrow	REPORTING LAB:	Brookeside
DISTRICT:	CDO	ANALYST:	jeffrey williamson
		NO DISCHARGE INDICATOR:	

PARAMETER	Sludge Solids, Percent Volatile	Freeboard	pH	Oil and Grease, Hexane Extr Method	Nitrogen Kjeldahl, Total	Nitrogen, Inorganic, Total	
PARAMETER CODE	70322	82564	00400	00552	00625	00640	
UNITS	%	feet	S.U.	mg/l	mg/l	mg/l	
FREQUENCY	1 / 2 Weeks	1 / 2 Weeks	1/Month	1/Month	1/Month	1/Month	
SAMPLING TYPE	Grab	Total	Grab	Grab	Grab	Grab	
2020-12-01							
2020-12-02							
2020-12-03							
2020-12-04							
2020-12-05							
2020-12-06							
2020-12-07			7.63	AA5.0	.0000	AA5.0	
2020-12-08							
2020-12-09							
2020-12-10							
2020-12-11							
2020-12-12							
2020-12-13							
2020-12-14	27.6010	2					
2020-12-15							
2020-12-16							
2020-12-17							
2020-12-18							
2020-12-19							
2020-12-20							
2020-12-21							
2020-12-22							
2020-12-23							
2020-12-24							
2020-12-25							
2020-12-26							
2020-12-27							
2020-12-28	27.1460	2					
2020-12-29							
2020-12-30							
2020-12-31							
Minimum	27.146	2.0	7.63	0.0	0.0	0.0	
Maximum	27.601	2.0	7.63	0.0	0.0	0.0	
Average	27.3735	2		0	0	0	
Count	2	2	1	1	1	1	
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative		Submission Date/Time	
Jeffrey Williamson						Certification Version Date 2021-02-18 11:02	



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**FACILITY:**  
**LOCATION:**

H2-Oh-Yeah  
2134 C.R. 224  
Ashley, OH 43003

**PERMIT NUMBER:**  
**MONITORING PERIOD :**

**4MP00028\*AM**  
**2020-12-01 To: 2020-12-31**

## PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
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